Please submit this completed DIA form along with the LH REB application. The form will be sent to the research department for review prior to obtaining final signatures. NOTE: Include all impacted areas, even if you are requesting to use your own pharmacy, nursing, or lab support on-site. Departmental approval is still required for any research conducted at LH.

|  |  |
| --- | --- |
| **REB No.**: *(REB Office Use Only)* |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | **Specify the type of research your study involves.** *(check all that apply)* | | | | | | | |
| Chart review | Qualitative | Educational | | | Tissue and biospecimens | | |
| Clinical trials | Case study | Epidemiological | | | Health services/evaluation research | | |
| 2 | **State the title of the study.** | | | | | | | |
|  | | | | | | | |
| 3 | **Provide the name of the LH PI and the department they belong to.** | | | | | | | |
|  | | | | | | | |
| 4 | **Specify the department(s) where the study is being conducted.** | | | | | | | |
|  | | | | | | | |
| 5 | **~ No. of LH participants to recruit** | | | **~ Start Date** *(dd-mmm-yyyy)* | | | **~ End Date** *(dd-mmm-yyyy)* | |
|  | | |  | | |  | |
| 6 | **Give a brief summary of the study.** | | | | | | | |
|  | | | | | | | |
| 7 | **Which departments, programs, or support services are being impacted?**  Not applicable | | | | | | | |
| *Department Name* | *Description of Impact*  *on Department* | | | *Name of Department Manager* | | | *Signature of Department Manager* |
|  |  | | |  | | |  |
|  |  | | |  | | |  |
|  |  | | |  | | |  |
|  |  | | |  | | |  |
| 8 | **If you selected "Not applicable" in question 7, please explain why:** | | | | | | | |
|  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of acknowledgement and support from the **Program Director** where PI resides. | | | |
| **Program Director Name** | **Signature** | **Date** | **Comments** |
|  |  |  |  |